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APPLICANTS

Weichao G. Chen, Old Saybrook, CT;

Eric D. Cox, Groton, CT;
Angel Guzman-Perez, Stonington, CT;

** CONTINUING DATA *****

This appln claims benefit of 60/200,432 04/28/2000

** FOREIGN APPLICATIONS *****

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CT	DRAWING 0	CLAIMS 31	CLAIMS 4
Verified and Acknowledged	Examiner's Signature <i>SMK</i> Initials				

ADDRESS

Gregg C. Benson
 Pfizer Inc.
 Patent Department, MS 4159
 Eastern Point Road
 Groton , CT
 06340

TITLE

Sodium-hydrogen exchanger type 1 inhibitor

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)